Chapter 1

Increase Local Capacity to Promote and Protect Healthy Communities

We live in a complex, interconnected global society in which there are many threats to, and opportunities to improve, the public's health. In addition to protection of communities through regulatory activities, DHEC follows the guidance of stakeholders, including affected communities, to focus on information access, community planning, environmental education and public participation to assure that all South Carolinians live in healthy communities.

What is a healthy community?

A healthy community embraces the belief that good health encompasses physical, emotional, social and economic well-being in communities with clean air, water and soil.

While the traditional public health focus has sought personal behavior change to prevent disease, there has been a growing awareness that the physical environment contributes to good health. Recent research also points to the physical environment as a contributor or detriment to good health. Not only do toxic pollutants in the environment contribute to poor health, but the layout of our cities, suburbs and infrastructures can promote or deny opportunities for healthy lifestyles. Planned communities can offer opportunities for walking, reduce the dependence on personal vehicles and the injuries and emissions they can cause, and can allow nature to assist in the cleansing of the environment from human impacts.

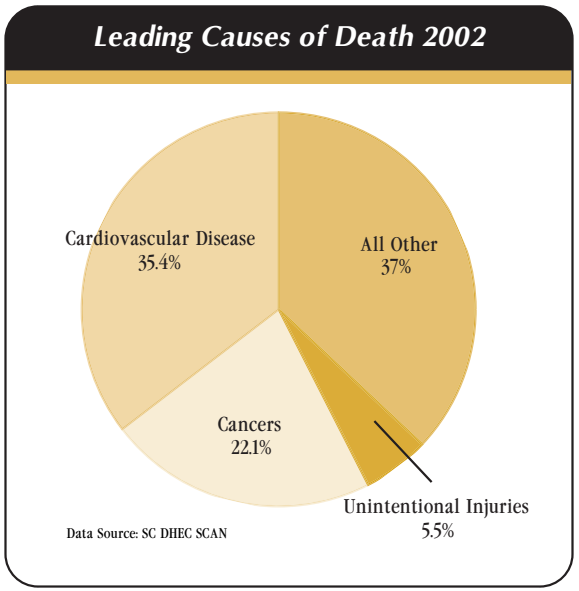
Partnerships can be one of the most effective tools available to improve the health of the public and their communities. Partnerships can create opportunities to use scarce resources more effectively to bring the community closer together, reduce high-risk behaviors and solve community problems. Only through collaboration and partnership can desired results be achieved.

Partnership launches state cardiovascular plan

A public-private partnership released a state action plan in September 2003 designed to prevent and reduce heart disease and stroke in South Carolina. The Cardiovascular Health State Plan 2002-2007 focuses on promoting policy, systems and environmental changes to provide for improved health and quality of life for South Carolinians. The plan

is the product of a number of statewide partners, including the American Heart Association, that have a vested interest in the health and wellness of South Carolina. It addresses cardiovascular disease across the spectrum, from promoting healthy lifestyle choices to evidence-based best practices for health care practitioners who treat cardiovascular disease. Anyone involved in cardiovascular health can use the plan to find steps for action to make their communities a healthier place to live. Cardiovascular disease is the leading cause of death and disability in South Carolina (see cardiovascular disease data on pages 9, 55 and 56).

http://www.scdhec.gov/cvh or (803) 898-9560



Access to data improves

The S.C. Community Assessment Network **(SCAN)** is an interactive data retrieval system for birth and death certificate data, demographics and other public health information. Researchers, planners, reporters, community assessors and others can now generate statistics through a new interactive Web site located at http://scangis.dhec.sc.gov/scan/. Users can create interactive tables, bar charts, trend lines and maps according to their interests and specifications at health district, county or zip code level. Data also can be broken down by year, age, race and gender. To supplement these tables the user can also map these statistics out to either the county or zip code level. Birth and death certificate data, demographics and PRAMS (Pregnancy Risk Assessment Monitoring System) survey results are the first datasets available on the SCAN system. Future datasets include the S.C. Central Cancer Registry, infant mortality, tuberculosis, lead poisoning, maternal and child health and other datasets related to DHEC's Health Services.

DHEC oversees safe dining

South Carolina has almost 16,500 food service facilities, an increase of more than 2,000 since 1993. The number of sufficiently trained food service inspectors has not kept pace with this growth. South Carolina currently falls below the U.S. Food Drug Administration's recommended four unannounced inspections per year per facility, averaging only 2.03 per year. Based on historical data, facilities in the state require an average follow-up rate of half the number of unannounced inspections; South Carolina currently averages only .98 follow-ups per year, and those rates have dropped since 2002 because of the increasing numbers of food service facilities and the lack of funding for new inspectors. Additionally, DHEC's Bureau of Environmental Health's Food Protection Division has conducted workshops in communities to assist owners and operators of food service operations in understanding the state's food safety laws and to better protect the public's health with food safety practices in their own local facilities. In 2001, the bureau trained 1,400 food service workers. In 2002, that number dropped significantly—to roughly 100 —because of budget limitations.

http://www.scdhec.net/foodscore

Ongoing challenges, new approaches

Improved rural health care access

South Carolina is a rural state. Improved access to rural health care services is a critical part of meeting our public health needs. The purpose of DHEC's Office of Primary Care is to improve access to primary health care services. A key role of the office is to recruit physicians and other health care providers into rural and underserved areas of South Carolina.

Through its administration of the National Health Service Corps and J-1 Visa Waiver Programs, DHEC assisted in the placement of 58 providers in program year 2003. These providers, who agree to see all patients regardless of insurance status or ability to pay for services, were placed in sites located in **Health Professional Shortage Areas (HPSAs).**

The President's Initiative to increase those served by Community Health Centers by 2005

DHEC's Office of Primary Care assists the S.C. Primary Health Care Association in providing data and other technical assistance to communities interested in applying for Community Health Centers (CHC) grants. These grants can be expansion grants, through which an existing CHC grantee seeks funding to move into a new service area, or they can be new-start grants, through which a community seeks funding for a new CHC organization. Since the President's Initiative began in January 2001, South Carolina has been awarded five expansion grants and two new starts. Several other applications have been approved but not funded, but could be funded in future grant cycles.

Trauma center legislation introduced

Accidental **injuries** claimed the lives of nearly 2,065 South Carolinians in 2002, many of them children and young adults. That number has been increasing every year since 1997. Trauma centers are voluntary systems that provide highly skilled care for these critically injured residents, but South Carolina's trauma system is in critical and unstable condition itself.

Providing trauma care is expensive, with costs exceeding any potential reimbursement. The 23 hospitals currently designated as trauma centers commit enormous resources in personnel, medical specialties, equipment, training and administrative oversight to provide this specialized care. State-level funding is needed to provide an infrastructure to support this system and to provide direct financial support to hospitals, physicians, rehabilitation centers and emergency medical service providers who care for the injured. Legislation introduced in 2003 would authorize DHEC to set standards for trauma center level designations, regulate trauma centers, empanel a statewide trauma advisory council, establish a trauma care fund for administering and oversight of the system, and provide direct reimbursements to hospitals that choose to provide trauma care.

Increase Local Capacity to Promote and Protect Healthy Communities

DHEC maintains shortage designations

More than 30 federal programs use HPSA and Medically Underserved Area designations as criteria for allocation of resources. DHEC's Office of Primary Care maintains these designations for South Carolina and strives to designate as much of the state as possible, thereby allowing entities in the state to benefit from federal resources.

Preparing for emerging public health threats

Because of the increase in the awareness of emerging public health threats, the public health system must be prepared for the unexpected. The federal Centers for Disease Control and Prevention and the Health Resources Services Administration has awarded more than $20 million in grants to help South Carolina improve its ability to investigate and identify disease outbreaks, improve hospitals' response to an incident causing many injuries or illnesses, and to support laboratories. The grants provide enhanced epidemiological, technological and laboratory capacity for the state.

The benefit of this funding is not limited solely to a potential **bioterrorism** event. Increasing the public health capacity to respond to an outbreak, regardless of origin, provides resources that have a "dual use." Resources are being used to strengthen public health disease control, emergency response and other basic public health services.

DHEC has established strategic leadership and direction for improving **public health response and preparedness for emergencies.** The state Emergency Operations Plan laid the framework for developing a public health response plan covering a potential bioterrorism event or influenza pandemic. Specific accomplishments include:

- integrated bioterrorism planning efforts;
- formation of smallpox response teams;
- improved rapid communication and disease-investigation network between staff and external partners, including the State Poison Control Center, state veterinarian and agricultural agencies;
- bioterrorism training and educational initiatives including a partnership with the USC Arnold School of Public Health, establishing a Public Health Preparedness Academy; and
- a public health preparedness media campaign for South Carolina.

http://www.scdhec.net/ophp

Laboratory capacity enhanced

Two new laboratory sections have been established at DHEC's Bureau of Laboratories to detect and identify both **biological and chemical warfare agents** and enhance public health laboratory testing capabilities for anthrax, plague, vaccinia, **chickenpox,** SARS, **monkey pox**, and **West Nile virus**. DHEC's Special Pathogens Laboratory and Chemical Terrorism Unit focus on testing for biological agents and chemical agents, respectively. Both counter-terrorism laboratories have hired and trained staff to perform a variety of sophisticated tests, using newly acquired advanced instrument systems provided through federal funding. Tests are performed on both human specimens submitted by physicians and hospitals and on forensic evidence submitted by law enforcement. Having access to reliable reference laboratory testing that can identify unusual infectious diseases caused by microbial pathogens and illnesses caused by toxic chemicals can more rapidly protect community health.

Community outbreaks and emergency response

2003 was a record year for **West Nile virus** and eastern equine encephalitis, aseptic meningitis from the unusual ECHO 9 virus, pertussis (whooping cough) and shigella diarrhea/dysentery. An imported prairie dog created a possible **monkey pox** threat, a "real" bioterrorist threat with ricin toxin occurred in the Upstate, the earliest **influenza** year in recent memory emerged, and a major outbreak of waterborne rash infection in November 2003 hit Richland County. New resources from federal **bioterrorism** grants helped DHEC respond to these acute communicable diseases.

Additional resources:

National Healthy Communities programs
http://www.ncl.org/cs/services/healthycommunities.html